

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/24/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185256	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/14/2015
NAME OF PROVIDER OR SUPPLIER PARKVIEW NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 200 NURSING HOME LANE PIKEVILLE, KY 41501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS -Amended- An abbreviated standard survey (KY24123, KY24133) was initiated on 12/09/15 and concluded on 12/14/15. KY24123 was unsubstantiated with no deficient practice identified. KY24133 was unsubstantiated; however, related deficient practice was identified at 'D' level.	F 000			
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of	F 157			12/23/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

02/16/2016

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157	<p>Continued From page 1 this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and a review of the facility policy it was determined the facility failed to consult with the resident's physician when a change in the resident's condition occurred for one (1) of fourteen (14) sampled residents (Resident #14). Interviews conducted with facility staff on 12/10/15, revealed Resident #14's skin surrounding his/her colostomy (a surgically produced exterior opening, with a bag attached to collect fecal waste from the body) was observed to be red and excoriated on 08/02/15. Further interview revealed as a result of the resident's red/excoriated skin, the colostomy bag was unable to be properly attached around the resident's colostomy site, and as a result the resident's colostomy bag leaked fecal matter onto the resident's red/excoriated skin. Interviews and record reviews revealed staff failed to notify Resident #14's physician of the change in the resident's condition until 08/05/15 (three days after the change was identified). Resident #14 was transferred to the hospital on 08/05/15 as a result of "skin breakdown" around his/her colostomy site.</p> <p>The findings include:</p> <p>Review of the facility policy titled "Change in</p>	F 157			

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F 157	<p>Continued From page 2</p> <p>Resident Condition," dated 11/30/14, revealed clinical nursing staff was required to recognize , appropriately intervene, and notify the resident's physician when a change in a resident's condition occurred.</p> <p>Review of the medical record for Resident #14 revealed the facility admitted the resident on 11/10/14 with diagnoses which included History of Colon Cancer with attention to Colostomy and Anemia. Review of the resident's quarterly Minimum Data Set Assessment (MDS) dated 05/17/15 revealed the resident required extensive assistance of two staff members for bed mobility and toileting. Staff assessed the resident to be interviewable with a Brief Interview for Mental Status (BIMS) score of 15.</p> <p>The resident was no longer at the facility and was unable to be observed or interviewed.</p> <p>Interview with State Registered Nurse Aide (SRNA) #8 on 12/10/15 at 2:15 PM revealed she had provided care to Resident #14 on 08/02/15 and had observed that the resident's colostomy bag was "leaking" and the resident's skin surrounding the resident's colostomy site was red and excoriated. The SRNA stated she reported the change in the resident's condition to a nurse as required but was unable to recall to whom she reported.</p> <p>Interview with Licensed Practical Nurse (LPN) #8 on 12/10/15 at 3:05 PM revealed she had observed Resident #14's skin surrounding his/her colostomy site to be red and "scalding" in appearance on 08/02/15. The LPN stated she had not observed and was not aware that the resident's colostomy bag was leaking on</p>	F 157			

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F 157	<p>Continued From page 3</p> <p>08/02/15. The LPN stated had not contacted the resident's physician when a change in the resident's skin condition surrounding his/her colostomy was identified but stated she should have.</p> <p>Interview with Advanced Practice Registered Nurse (APRN) #1 on 12/10/15 at 4:10 PM revealed she was notified of Resident #14's change in condition when she was in the facility where the resident resided on 08/05/15. The APRN stated an SRNA had notified her on 08/05/15 that the resident's skin was "red and irritated" and requested that the APRN assess the resident's skin that surrounded his/her colostomy. APRN #1 stated she observed the resident's skin around his/her colostomy to be red and irritated with a "substance leaking" from the resident's colostomy site. The APRN stated the resident's skin was so irritated "nothing would stick" to his/her skin, in reference to applying a waste collection bag to cover the resident's colostomy and protect the resident's skin. APRN #1 stated she covered Resident #14's colostomy opening with towels and padding, and transferred the resident to a local hospital for further care and treatment. The APRN stated staff should have notified her "quicker for sure" related to the change in the resident's skin condition that surrounded his/her colostomy site.</p> <p>Interview with the Director of Nursing (DON) on 12/10/15 at 5:20 PM revealed staff should have contacted the resident's physician when his/her skin surrounding the colostomy site was observed to be red and irritated, and the resident's colostomy bag was observed to be leaking. The DON stated she had not been notified that Resident #14's skin was red and irritated or that</p>	F 157			

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F 157 F 309 SS=D	Continued From page 4 the resident's colostomy bag had been "leaking." 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and a review of the facility policy it was determined the facility failed to provide necessary care and services to maintain the highest practicable physical, mental, and psychosocial wellbeing for one (1) of fourteen (14) sampled residents (Resident #14). Interviews on 12/10/15 with facility staff revealed Resident #14's skin that surrounded his/her colostomy (a surgically produced exterior opening, with a bag attached to collect fecal waste from the body) was observed to be red and excoriated on 08/02/15. Continued interviews revealed the resident's colostomy bag was unable to be properly attached around the resident's colostomy site, and as a result the resident's colostomy bag leaked fecal matter onto the resident's red/excoriated skin. Resident #14 was transferred to the hospital on 08/05/15 as a result of "skin breakdown" around his/her colostomy site.	F 157 F 309		12/23/15	

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F 309	<p>Continued From page 5</p> <p>The findings include:</p> <p>Review of the facility policy titled "Ostomy/Stoma Care," dated 11/30/14, revealed staff was required to provide nursing care to facility residents that maintained good hygiene and to prevent skin problems around the resident's stoma.</p> <p>Review of Resident #14's medical record revealed the facility admitted the resident on 11/10/14 with diagnoses which included Anemia and History of Colon Cancer with attention to Colostomy. Resident #14's quarterly Minimum Data Set Assessment (MDS) dated 05/17/15 revealed the resident required extensive assistance of two staff members for toileting and bed mobility. The resident had been assessed to be interviewable with a Brief Interview for Mental Status (BIMS) score of 15.</p> <p>Resident #14 was no longer at the facility and was unable to be observed or interviewed.</p> <p>Interview with State Registered Nurse Aide (SRNA) #8 on 12/10/15 at 2:15 PM revealed she provided care to Resident #14 on 08/02/15 and had observed that the resident's colostomy bag was "leaking." The SRNA stated the resident's skin surrounding the resident's colostomy site was red and excoriated. SRNA #8 reported the change in the resident's condition to a nurse as required but she was unable to recall who she reported the change in the resident's condition to.</p> <p>Interview with Licensed Practical Nurse (LPN) #8 on 12/10/15 at 3:05 PM revealed she had observed Resident #14's skin surrounding his/her colostomy site to be red and "scalding" in</p>	F 309			

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F 309	<p>Continued From page 6</p> <p>appearance on 08/02/15. LPN #8 stated she had not observed and had not been notified that Resident #14's colostomy bag was leaking on 08/02/15. The LPN stated had not contacted the resident's physician or implemented any new care and treatment to Resident #14's skin, when a change in the resident's skin condition surrounding his/her colostomy was identified on 08/02/15.</p> <p>Interview with Advanced Practice Registered Nurse (APRN) #1 on 12/10/15 at 4:10 PM revealed she was notified of Resident #14's change in condition when she was in the facility where the resident resided on 08/05/15. APRN #1 stated she observed the resident's skin around his/her colostomy to be red and irritated with a "substance leaking" from the resident's colostomy site. The APRN stated the resident's skin was so irritated "nothing would stick" to his/her skin, in reference to applying a waste collection bag to cover the resident's colostomy and protect the resident's skin. APRN #1 stated she covered Resident #14's colostomy opening with towels and padding, and transferred the resident to a local hospital for further care and treatment. The APRN stated staff should have notified her "quicker for sure" related to the change in the resident's skin condition that surrounded his/her colostomy site.</p> <p>Interview with the Director of Nursing (DON) on 12/10/15 at 5:20 PM revealed staff should have provided the necessary care and services to Resident #14 when his/her skin surrounding the colostomy site was observed to be red and irritated, and the resident's colostomy bag was observed to be leaking. The DON stated she had not been notified that Resident #14's colostomy</p>	F 309			

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F 309	Continued From page 7 bag was "leaking" or that the resident's skin was red and irritated.	F 309			